

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 07/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 425 SS=D	<p>The following citation represent the findings of complaint investigation # 88776.</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This Requirement is not met as evidenced by: The facility census totaled 81 residents with 3 residents sampled. Based on observation, record review, and interviews, the facility failed to administer the medications as the physician ordered for 1 (#1) of 3 residents reviewed for medications.</p> <p>Findings included:</p> <p>- Resident #1's Medicare 5 day Minimum Data Set Assessment (MDS) dated 6/19/15</p>	F 425			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE					
(X6) DATE					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 425	<p>Continued From page 1</p> <p>documented the resident required extensive assist of 2 staff members with bed mobility, transfers, locomotion, dressing, and toilet use, limited assistance of 1 staff member with personal hygiene. The MDS further documented the resident had pain, received scheduled pain medication, and as needed pain medications.</p> <p>The care plan dated June 27, 2015 documented the resident has altered cardiovascular status related to atrial fibrillation (rapid, irregular heart beat). The interventions included vital signs as ordered, notify physician of any abnormal readings, monitor/document/report to physician changes in the lung sounds on auscultation (listening), edema and changes in weight, laboratory tests as ordered by the physician, and report abnormal values to the physician.</p> <p>The physician's history and physical dated 6/14/15 documented he/she went ahead and increased the patient's Metoprolol (used to treat heart irregularities) to 200 milligrams (mg) twice a day to have a better controlled heart rate. The patient to continue the heart medications of Cardizem and Digoxin. The physician changed Lasix (diuretic- water pill) to 40 mg twice a day because of borderline (high) blood pressure.</p> <p>Review of the Medication Administration Record (MAR) documented the following medications not given to the resident as ordered by the physician: 6/14/15 Nystatin (used for yeast infection) 500,000 units at Hs (bedtime), 6/15/15 Lasix 40 mg in the PM (after noon), Simvastatin (used for high cholesterol levels) 40 mg at Hs, Magnesium oxide (vitamin supplement) 400 mg in the PM, Coumadin (blood thinner) 4 mg at 7:00 P.M., 6/16/15 Metoprolol 100 mg in the PM, Simvastatin 40 mg at Hs, Coumadin 4 mg at 7:00</p>	F 425			

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F 425	<p>Continued From page 2</p> <p>P.M., Magnesium oxide 400 mg in the PM, Pantoprazole (used to treat ulcers) 40 mg at 6:00 A.M., Levothyroxine (used to treat thyroid disease) 25 microgram (mcg) at 6:00 A.M., 6/17/15 Cardizem 240 mg in the PM, Coumadin 4 mg at 7:00 P.M., Metoprolol 100 mg in the P.M., Iron (vitamin supplement) 324 mg at Hs, 6/18/15 Nystatin 500,000 units at Hs, and 6/19 Nystatin 500,000 units at noon. The resident did not receive 17 doses of the medications ordered by his/her physician between 6/14/15 through 6/19/15.</p> <p>Interview with licensed nursing staff H on 7/16/15 at 7:12 A.M. stated if a medication was not signed for on the Medication Administration Record(MAR) then the medication was not given.</p> <p>Interview with licensed nursing staff I on 7/16/15 at 7:18 A.M. stated when the MAR was not signed with each medication, then that medication was not given.</p> <p>Interview with administrative nursing staff D on 7/16/15 at 4:00 P.M. stated if a medication was not signed for on the MAR then it was not given.</p> <p>The December 2012 revised facility policy "Administering Medications" documented the individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</p> <p>The facility nursing staff failed to administer medications for this dependent resident that was ordered by his/her physician. The resident did not receive 17 doses of ordered medication during a 6 day period from 6/14/15 to 6/19/15.</p>	F 425			